

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09847535

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	16 minus 20 =	26
INDEPENDENT CLAIMS	9 minus 3 =	6
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	(Column 1) (Column 2) (Column 3)		
		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	44	Minus	46	= <input type="checkbox"/>
Independent	6	Minus	7	= <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	\$355.00	OR BASIC FEE	\$710.00
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL		OR TOTAL	

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

RATE		RATE	
ADDITIONAL FEE		ADDITIONAL FEE	
XS 9=		OR XS18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

RATE		RATE	
ADDITIONAL FEE		ADDITIONAL FEE	
XS 9=		OR XS18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	(Column 1) (Column 2) (Column 3)		
		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	44	Minus	46	= <input type="checkbox"/>
Independent	6	Minus	7	= <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE		RATE	
ADDITIONAL FEE		ADDITIONAL FEE	
XS 9=		OR XS18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	(Column 1) (Column 2) (Column 3)		
		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	39	Minus	46	= <input type="checkbox"/>
Independent	7	Minus	9	= <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in column 1.